

Application Data Sheet
Under 37 C.F.R. § 1.76

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title :: SYSTEM AND METHOD FOR
COMMUNICATIONS BETWEEN SERVERS IN
A CLUSTER

Attorney Docket Number:: BEAS-01324US1

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure:: 3

Total Drawing Sheets:: 5

Small Entity?::

Latin name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity

Given Name:: Prasad
Middle Name::
Family Name:: Peddada
Name Suffix::
City of Residence:: Albany
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 2315 North First Street
City of mailing address:: San Jose
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95131

Correspondence Information

Correspondence Customer Number :: 23910

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 415-362-3800

Fax Number: 415-362-2928

E-Mail address:: kfk@fdml.com, srm@fdml.com

Representative Information

Representative Customer Number::	23910	
----------------------------------	-------	--

Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 U.S.C. 119(e)	60/450,294	February 27, 2003

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::